

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 1 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township MillerPrimary Registration District No. 100City Kansas City No. 2376Precinct Park

File No.

20446

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No. 2326

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar. 20, 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.57718

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Common laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

FATHER

13. NAME

Ben. Wilson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

MOTHER

15. MAIDEN NAME

Mary Powell16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.17. INFORMANT
(ADDRESS)Odessa Wilson
2326 Park

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Highland

DATE

6-17-3419. UNDERTAKER
(ADDRESS)Starkins Bros.
1729 Hyde

20. FILED

6-12

19

34 m. m. 10 row

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

6/81934

22. I HEREBY CERTIFY, That I attended deceased from

April 30, 1934, to June 8, 1934I last saw him alive on June 8, 1934 Death is saidto have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer of the liver46

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

E. J. Marchant

M. D.

(Address) 1834 8th ave.

